

# *The Michigan FAS Web*



*"When spider webs unite they can tie up a lion."  
~African Proverb~*

## **Southwestern Michigan Children's Trauma Assessment Center (CTAC) FAS Diagnostic Services**

### **Minnesota Organization on Fetal Alcohol**

#### **Syndrome (MOFAS)**

#### **Presents:**

*Tools for Success,  
Working with Youth  
with FAS/FAE in the  
Juvenile Justice System  
Resource Guide for  
Professionals*

Includes information on:

- FAS/FAE Background
- Appropriate intervention strategies for youth with FAS/FAE in the juvenile justice system
- Resources and referrals

Cost is \$50.00 plus \$5.00 shipping and handling

For more information:

Call 651-917-2370 or write  
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Michigan now has **five** multidisciplinary Fetal Alcohol diagnostic centers that have participated in training on the University of Washington's FAS Diagnostic and Prevention Network 4-Digit Diagnostic Code. CTAC is the most recently trained group, however, they have been providing comprehensive assessments through a transdisciplinary model for the past two years. In July 2000 the team was trained by Dr. Ira Chasnoff at the Chicago Research Triangle in fetal alcohol and substance abuse diagnosis and in November 2001 they participated in training at the University of Washington with Dr. Sterling Clarren.

CTAC's team, directed by Jim Henry, a professor of social work and developmental psychology at Western Michigan University, also includes a pediatrician, occupational therapist, language speech therapist, and clinical social worker.

Anyone can make referrals to the clinic but the Center's primary source of referrals is from the Family Independence Agency (FIA) or their contract agencies. If FIA does not make the referral, there is \$300 charge per assessment for clients with medicaid and \$400 without medicaid. CTAC's primary population is

children in foster care (approximately 85%), the other percentage of children are with either adoptive parents or guardians (10%), or biological parents (5%). Over 540 children have been assessed to date. Six children are seen each week and there is currently a two month wait for an appointment.

CTAC is in the process of analyzing all case record testing data on each of the children assessed. Currently, there are

160 cases entered and preliminary results are that children with prenatal alcohol exposure have a composite IQ mean (K-bit) that is 10 points lower than the other abused/neglected

children. All children assessed have a mean on the Conner's Parent Rating Scale in "Oppositional" and "Hyperactivity" that is in the clinical significant range (70) which is 20 points higher on the t-score than the national norm. CTAC staff believe that the data will be extremely important in understanding the needs of prenatally alcohol exposed children as well as abused/neglected children.

For more information contact the Clinic at [ctac@wmich.edu](mailto:ctac@wmich.edu) or (616) 387-7073

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## FAS Prevention, Mental Health and Substance Abuse Services Finding Our Common-Ground in the Upper Peninsula

*from Merrilee Keller, Prevention Services Manager, Pathways to Healthy Living*

The Upper Peninsula has a unique population. The community is in large part made up of the working poor who are living below the poverty level, if they are even fortunate enough to have employment. The U.P. is also home to five of the eleven Federally recognized Native American Reservations in the state which are considered to be an “at-risk and special” population. As a region, we continuously face poverty, loss of jobs resulting from mine closures, seasonal employment issues, and environmental factors that lead to above average rates of alcoholism. These factors continue to be a challenge for those of us providing human services.

As a regional Prevention Coordinator for Eastern UP Substance Abuse Services Coordinating Agency, I became involved in the prevention of fetal alcohol syndrome a number of years ago. My professional commitment was ignited by a colleague and friend of over 30 years, Karen Twa. Karen is a retired substance abuse counselor and a devoted health educator. In addition, as a mother of three and grandmother of one, fetal alcohol syndrome prevention is an issue that comes from the heart. I always thought of myself as one of the fortunate ones because I gave birth to three healthy babies even though three different OB-GYN physicians delivered my children in different parts of the state and not one of them ever told me **not to drink**.

I am currently involved with the U.P. F.A.S. Task Force. Through the Task Force I was given the chance to help develop on-going education and public awareness initiatives for the Upper Peninsula regarding fetal alcohol syndrome and alcohol related birth defects. Along with public awareness efforts, the Task Force also assisted in developing an intervention process which involved the creation of the FAS Diagnostic Clinic at Marquette General Health Systems, Children’s Specialty Clinic.

As the Prevention Services Manager of Pathways to Healthy Living, a multi-county community mental health agency, I was recently given the task of inte-

grating both substance abuse and mental health prevention services for our 8-county region. As I began meeting with the directors of mental health and developmental disabilities services at Pathways to talk about prevention services, I realized that at the very least, we already had a real connection with developmental disability services and our work in fetal alcohol syndrome prevention. My guess is that professionals providing services to developmentally disabled individuals may very likely be delivering services to people with FAS or fetal alcohol effect.

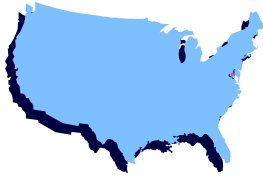
Discovering our “common-ground” with the integration of mental health and substance abuse services has turned out to be a bonus for our U.P. FAS Task Force and for those of us who have worked very hard to bring awareness to this issue. We now are in the process of bringing all Community Mental Health Agencies in the U.P. to the FAS Task Force to better coordinate our efforts in preventing fetal alcohol syndrome and alcohol related birth defects. Bringing the Mental Health professionals and Public Health professionals together to raise awareness, to promote diagnosis and intervention and to assist families who are affected by this developmental disability can only add clout and strength to our cause. After all, there is strength in numbers! This is a 100% preventable disability and we in the health and human services field cannot stop educating our community members as well as our peer professionals until fetal alcohol syndrome is no longer a threat to our unborn babies.

As Ann Streissguth so eloquently said:

**“Fetal Alcohol Syndrome is an equal opportunity disability and a community responsibility. We cannot afford to continue to damage the human race by the prenatal use of alcohol. Therefore, we must mobilize communities to prevent and intervene. We must make waves!”**



## National Task Force On FAS/FAE



Established through a mandate of the Secretary of Health and Human Services, the Na-

tional Task Force on FAS/FAE began in December 2000. The task force is comprised of representatives from advocacy and research organizations, the academic community and governmental agencies. The 13 task force members are selected by the Secretary; management and support services for the task force are provided by the Centers for Disease Control and Prevention.

The task force is charged with fostering coordination among all governmental agencies, academic bodies, and community groups that conduct or support fetal alcohol syndrome and fetal alcohol effect research, programs, and surveillance; and to otherwise meet the general needs of populations

actually or potentially impacted by fetal alcohol syndrome and fetal alcohol effect.

The task force meets twice a year. Meetings are open to the public. The last task force meeting was held in December 2001 in Washington DC. Sarah Horton Bobo from the Michigan Statewide FAS Workgroup and Barbara Wybrecht attended the meeting along with many other FAS advocates from around the country in order to observe and participate with National Task Force members.

At the meeting, updates were provided on many federal funded FAS initiatives and research projects. In addition members and meeting participants made recommendations on priorities for the task force. Three priority areas were identified -

- Research
- Services
- Public education

Many recommendations were included in each category. Top suggestions for the research area included convening a consensus panel on definitions for diagnosis across the lifespan, ARND and neurocognitive phenotypes. In the services category, it was suggested that the task force recommend the assessment of all state, private and tribal services provided for FAS/E. In the area of public education consideration of a nationally coordinated media campaign was recommended. The task force will not be involved in the actual implementation of such activities but will provide its recommendations to groups able to carry out the projects.

The next meeting is in Atlanta Georgia on May 16 & 17. For more information on the National Task Force, go to <http://www.cdc.gov/ncbddd/fas>

**Michigan FAS Web Newsletter**  
**c/o Kent County Health Department**  
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